



National Honor Society Service Documentation

Member Name _____

This hour is for (check the month):

None required for Dec. and May

Sept

Oct

Nov

Jan

Feb

Mar

Apr

Activity _____

Date(s) of Service _____

Name of Organization _____

Address _____

Name of Supervisor who will verify service _____

Estimated time: _____

NHS Member Signature _____ Date: _____

All forms must be turned in to the front office by the **first Monday of each month** to receive credit. Late once = ok. Late twice = extra work.

For office use only:

Activity: Approved _____ Not Approved _____

